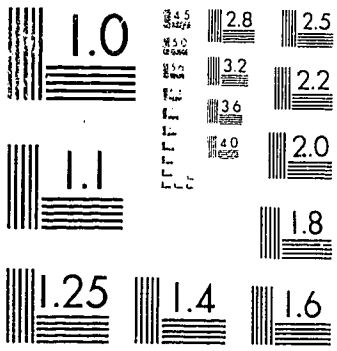

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ABSTRACT

The booklet is a curriculum model for educating foster parents and group home personnel who work with mentally retarded individuals. The first chapter discusses the need for training. Subsequent chapters explore course development and presentation of topics, with emphasis on the importance of the approach the training should take and the rationale for the curriculum. Twelve topics are presented in chapters which outline the learning objectives, discussion stimulants, and resources (references are included). The chapters have the following titles: "Orientation to Mental Retardation"; "Maintaining Healthy Environments, Providing Emergency Care"; "Fire and Safety Considerations"; "Administrative Responsibilities"; "Elements to be Considered in Programming"; "Normalization"; "Managing Behavior"; "Leisure Time Recreational"; "Educational Considerations"; "Community Placement"; "Realtionships with Natural Families"; and "Thoughts on Sexuality". (PHR)

RESIDENT MANAGER EDUCATION

A Curriculum Model for Educating Foster Parents and Group Home Personnel

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RESIDENT MANAGER EDUCATION

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It has been several years now since I first became involved in community placement. During this time a number of changes in emphasis and attitude have come and gone; some of these changes have had a significant and lasting impact. The attention given to rights and fair labor protection are two dramatic examples of these.

In an important, albeit less revolutionary way, I believe the emphasis upon resident manager education and training will come to be viewed as one of the fundamental improvements in community placement evolution.

The objective of this particular volume is clearly that of sharing thoughts on this subject of education and training. The five years of Macomb-Oakland Regional Center operation have been deeply involved with placement and, in its turn, the education of foster parents and group home staff. This experience has convinced us that as important as the many components of sound deinstitutional programs are, none is more critical to success than training persons in the community functioning in direct care roles.

While this volume is not intended to answer all the questions about resident manager education, it does attempt to share what our experiences have shown to be worth considerable attention. It is our desire that this work will stimulate an exchange of ideas that will have a beneficial impact on the search for ideals that can be put into practice.

David Rosen

In one way or another many people have contributed to the completion of this volume. While it is impossible to thank them all, we appreciate the following individuals for providing us with detailed commentary on the manual in draft form: E. Gene Patterson, David LaComb, E. Wade Hitzing, G. Joseph Leismer, Edwin LaFramboise, Gandolph Wagner, James D. Clements, G. Allan Roeher, Chuck Buzzell, Dolores Norley, Paul D. Cotten, Dafna Krouk-Gordon, L. E. Rader, Wendall Wood, Francis P. Kelley, Donald E. Zdanowicz, Albert C. Ianacone, Thomas Bouvier, J. Paul MacCormack, and Suzanne Turner.

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Gerald Provencal
David Evans
March, 1977

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the case for education

I. PREPARATION

The trend of mentally retarded persons moving from institutional residence to placements within the larger community is well established. The commitment to deinstitutionalization is seen in national statistics[1], and it appears to be enjoying a mild change in public attitude.[2]

The movement toward community placement has led to the development of a variety of residential models: foster homes, community training homes, hostels, group homes, semi-independent apartments, and congregate living facilities, to name a few. While the definitions of these models vary from region to region, there are some features which have been recognized as commonly important to all. The need for adequate "preparation" of residents before community placement is one of these features.

Over the years much attention has been given to preparing institutional residents for return to the larger community. Invariably, a resident's individual program plan is geared toward the satisfaction of certain placement readiness criteria. This criteria, whether formally or informally established, inevitably is linked to adaptive or maladaptive behavior. In order to be considered ready for placement the resident typically must have acquired a predetermined number and level of skills. Program focus within the institution is largely directed at helping the resident acquire these important adaptive behavior skills. Successful adjustment to community placement, it follows, is usually viewed as being dependent upon the resident's preparation for that placement.

Institutionally based preparation or readiness programming has been a familiar topic in the literature as a result. Over the past five years in the American Association on Mental Deficiency *Mental Retardation* literature alone over 60 articles[3] have appeared on this subject.

The preparation or readiness of those persons who receive the institution's "graduates," however, has only lightly been reported. Over the same period and in the same literature only three articles have centered on training, educating, or orientating people involved in providing care or program to community placed residents. A review of related publications reinforces the belief that relatively little attention is being placed upon training or educating foster parents, group home staff, administrators, providers, managers, or volunteers in the community. (Throughout the remainder of this writing, the term "resident manager" will be used when referring collectively to individuals in these roles.)

This imbalance in preparational emphasis is difficult to justify. While the focus appears client-centered it actually does the institutional resident a disservice. The exclusive concentration on client readiness tends to create barriers to successful community placement which eventually attain quasi-legitimate status.

A program designed to teach residents self-care and socialization skills, requiring a minimum mastery of each before a resident is considered "ready" for community placement, is an example of such a barrier. The client in this situation has become obliged to "learn" his or her way out of the institution and into a less restricting environment. While professionals might not intend as much, the effect on the client is clear. What is supposed to be a right has become a privilege.

Placing attention only upon preparing the client also seriously underestimates the importance of resident managers and helping professionals who play active roles

in the client's adjustment to the community. Failure to recognize the latter's importance frequently results in a situation where follow-up and support services go wanting while a search goes on for — "predictive characteristics of good and poor risks for community placement."[5]

Finally, the lack of in-service and/or on-the-job training surely increases the difficulty of the resident manager's role. To the degree that this hampers development of new placement alternatives, or maintaining satisfied people on the job the client's opportunities for community living are reduced. This reduction of placement opportunity exists in spite of the acknowledged "175,000 institutionalized mentally retarded citizens in this country (for whom) there is no where else to go."[6]

The point to be made is simply that in addition to the resident manager being placed in an undesirable situation, the client too is at a disadvantage when all "readiness" attention is directed solely at him or her.

II. RESIDENT MANAGER EXPECTATIONS

The responsibilities resident managers accept on behalf of their residents are enormous. It is, usually expected, for example, that the resident manager will be assuming virtually all direct monitoring roles in the life of the child or adult living in the home. To satisfy these job requirements, they must serve as substitute mothers and fathers and respond with all the understanding, sensitivity, patience, and good counsel that we see in only the most exceptional natural parents. To their role, resident managers must blend knowledge of mental retardation and related disabilities, with an accompanying appreciation for the optimism and the realities in the field. They must be expected to wear the hats of nurse, nutritionist, therapist, and teacher. Resident managers are expected to bring inexhaustible imagination to daily routines, skill training, tutoring, behavior management, and the building of confidence. In addition, resident managers frequently must serve as spokespersons to the neighborhood on the subject of mental retardation and interpret the philosophy behind deinstitutionalization. They must be ready to satisfy each or all of these expectations on a twenty-four hour basis.

Resident managers, in effect, take on jobs that combine more specialities, require more time, and involve more risk than probably all others in the employment community offering a similar wage. Yet, thorough preparation for these responsibilities appears noticeably lacking.

Further it is the authors' opinion that lack of resident manager preparation contributes to job performance difficulty which can lead to early termination of employment. When this latter situation is the case, the costs in terms of time, energy, trust and personal investment are high for everyone. Unfortunately, high turnover of resident managers appears to be a common and expensive problem.

III. EDUCATION ON THE JOB

Having resident managers remain on the job for years does not mean that preparational or educational programs are of little value. All individuals involved in direct care can benefit from staff development programs if the program design is dynamic and equal to the challenge of the actual job.

A personnel selection committee can perhaps be accurate in assessing whether a resident manager applicant has the stamina and dedication required. From checking references and job history, and through interview questioning, they might even be able to size up the applicant's administrative potential. Most groups know the kind of (staff/couple) that is needed in their group or foster home. The qualities of empathy, understanding, and love are essential. So, too, are the abilities to be patient and be firm. Typically, however, the belief that an applicant will learn adequately while on the job is the only thing resembling assurance that a selection committee has that desired job performance will be forthcoming. Likewise, it is not uncommon for the new resident manager to be informed that most of his or her learning about responsibilities will occur while carrying them out.

How a resident manager is likely to react to a tornado, or a fist fight, an irate parent, or a high school class wanting to tour, can only rarely be predicted by a selection committee, an advisory board, or the resident manager until the latter is confronted by one of these situations.

It is logical to suggest that resident managers should learn how to respond to crises such as these, as well as extinguishing kitchen fires, treating chemical burns, dealing with neighborhood problems and competition within their own home before the actual events occur.

Setting the unusual aside, many training needs remain. How will the resident manager learn to manage daily affairs? What will the pressures of routine produce? How will resident managers deal with residents who have extremely difficult problem behaviors? What skills will they be encouraged to develop and utilize in the program? What will be the program's goals? Who will evaluate progress toward goals?

Obviously, resident managers should be concerned about all the areas mentioned and dozens more which are equally as important. What is not always so clear, however, is that administrative agencies bear the responsibilities for training the resident manager to perform on the job.

The principle of normalization, and constitutional rights of the mentally handicapped are easily expounded upon by professionals who expect to see them realized in community placement. Resident managers should be guaranteed that someone sees it as their job to help establish and maintain these ideals in practice, and not merely fault them for their absence.

To be sure, there are almost always understandable reasons for putting off education and training programs. The pressures of budget, time, screening of residents, buying groceries, establishing and re-establishing community alignments certainly all take their toll. As good as these reasons are, however, they do not relieve the necessity for actively helping resident managers become the experts we want them to be.

FOOTNOTES

1. R. C. Scheerenberger, Ph.D., *Current Trends and Status of Public Resident Facilities Services for the Mentally Retarded*. National Association of Superintendents of Public Residential Facilities, pg. 6, 1974.

2. *The President's Committee on Mental Retardation*. Reported by Gallop Poll. News Release, January 21, 1975.

3. *Literature Survey of Mental Retardation*. American Association on Mental Deficiency Publication, Washington, D.C., Issues June, 1970 through June, 1975.

4. *Rights of Mentally Retarded Persons: An Official Statement of the American Association on Mental Deficiency*. July, 1973.

5. *Community Placement Program*. An examination of the process and outcomes of community placement of adults and children from mental health institutions in Michigan. A report from the Office of Health and Medical Affairs, Lansing, Michigan 48913, pg. 30, February, 1974.

6. J. McGee & E. W. Hitzing, *Current Residential Services: A Critical Analysis*. Center for the Development of Community Alternative Service Systems, pg. 1, December, 1976.

course development

I. DYNAMIC PROCESS

The Macomb-Oakland Regional Center has been actively engaged in community placement since the fall of 1972. In the five years that have followed, over 500 group home and community training home placements have been developed by the agency. The education of foster parents and group home staff has been an area of some concentration as a result, and an educational program model has evolved through this experience.

The remainder of this volume deals with those features of the Macomb-Oakland Regional Center educational program model found to be most important. From a suggestion as to how to get an educational program started to evaluation procedures which seem to diminish anxiety, all aspects that have proven helpful in preparing resident managers are presented. These features are offered as illustrations of what has worked successfully, not as the only features that can work.

Before proceeding with the detail, it is important to emphasize that within the Macomb-Oakland Regional Center program acceptable resident manager education is viewed as a dynamic process. It is not considered over with the completion of an orientation session of an In-Service training class. Nor is it considered satisfied with the passage of six months on the job, or nine months, a year, or two years. Acceptable resident manager education is seen as a continuing development of skills and perceptions which, when applied in desired blend, increase the likelihood that mentally retarded persons will thrive in the larger community.

II. TWO LEVELS OF EDUCATION

The method selected to address the dynamic character of educational needs is built upon a curriculum design which recognizes two levels of *resident manager* need: *Preparational Education* and *Continuing Education*. The former is completed prior to or soon after assumption of the resident manager job; the latter is a regular part of the job thereafter.

What is included in *Preparational Education* is that which is felt most immediately fundamental to functioning in the resident manager role.

The topics which are handled in the *Continuing Education* segment, while very important, can be embraced after a passage of time on the job. Topics here are more of the speciality variety.

What precisely is judged as "fundamental" and what is seen as "specialty" will vary with the region and with the determined needs of course participants. Six topics that typically form the core of the *Preparational Education* program at the Macomb-Oakland Regional Center, are:

1. An Orientation to Mental Retardation
2. Maintaining Healthy Environments, Providing Emergency Care
3. Fire and Safety Considerations
4. Administrative Responsibilities
5. Elements to be considered in programming
6. Normalization

Six topics which frequently appear as part of the *Continuing Education* portion of the curriculum are:

1. Managing Behavior
2. Leisure Time/Recreational Considerations
3. Educational Considerations
4. Community Placement
5. Relationships with Natural Families
6. Thoughts on Sexuality

While these twelve topics typically are a part of the resident manager's first year of employment, the knowledge, previous experience, and type of resident need are always considered prior to actual course development. For one group of experienced resident managers, for example, *Thoughts on Sexuality* was felt more to the point of helping home management than the *Elements to be Considered in Programming* unit, as they already had a good understanding of these elements. The substitution was made. If this same group had been in need of exposure to water safety, or physical therapy exercises for the aged, the courses would have been prepared and made part of their program.

Some freedom is used, then, when assembling the topics so the program can be most relevant to a particular class of resident managers. The one rule that must be observed, within this license, however, is that all resident managers/must complete a core of four required courses within the *Preparational* program. (An Orientation to Mental Retardation, Maintaining Healthy Environments, Fire and Safety Considerations, and Administrative Responsibilities.) This core is viewed as absolutely necessary for all participants to complete.

There is complete freedom to pick and choose subjects within the *Continuing Education* segment. The topics here are selected solely on the basis of interest, observed needs, etc.

Preparational Education involves five to eight units, usually lasting two and one-half to three hours each. The actual program schedule is developed after considering the times most convenient for the entire class. The average schedule usually allows no more than one week between each topic. *Continuing Education* classes meet monthly throughout the year, with the time for each session averaging two hours.

III. EDUCATION COMMITTEE

While there are a number of important elements in the model presented here, each serving the operation well in its turn, none is more important in the early stages

FIGURE I
POSSIBLE TRAINING AND EDUCATIONAL TOPICS

- ☐ Role of Group Home
- ☐ Assisting Services
- ☐ Individual Programming
- ☐ Legal Considerations/Liability
- ☐ Orientation to Mental Retardation
- ☐ First Aid
- ☐ Parent Involvement
- ☐ Menus/Diet/Nutritution
- ☐ Sexuality
- ☐ Neighborhood Relations
- ☐ Record Keeping/Files
- ☐ Home Models
- ☐ Labeling
- ☐ Advance Administration
- ☐ Fire/Safety/Health
- ☐ Human Rights/Resident Rights
- ☐ Attitudes
- ☐ Educational/Vocational Programs
- ☐ Budgeting
- ☐ Gaming — Handling Situations and Behaviors
- ☐ Medications
- ☐ Seizures
- ☐ Academic Development
- ☐ Normalization
- ☐ Staff Roles/Job Descriptions
- ☐ Labor Laws
- ☐ Use of Volunteers
- ☐ Insurance
- ☐ Group Sessions for Residents
- ☐ Birth Control/Sterilization/Abortion
- ☐ Leisure Time/Recreation Programs
- ☐ Marriage Considerations
- ☐ Discharge Policies
- ☐ License Regulations/Standards
- ☐ Assessment Planning
- ☐ Speech
- ☐ Physical Therapy
- ☐ Sign Language
- ☐ Normal Child Development
- ☐ Emergency Procedures
- ☐ Dental Care
- ☐ Principles of Learning
- ☐ Changing Behavior
- ☐ Toilet Training
- ☐ Special Education
- ☐ Advocacy
- ☐ Special Adaptive Equipment
- ☐ Integration into Community Resources
- ☐ Group Home Evaluations
- ☐ Food Preparation/Ordering
- ☐ Other

of community placement program development than the creation of the Education Committee.

The Education Committee assumes a variety of responsibilities which can make the difference between the program being outstanding or ineffectual. In order to assure the most informed perspective, the Committee should have representatives from the resident manager community as well as agency personnel. Others who can add to the composition are community college educators, association for retarded citizen members, and university affiliated facilities staff. Favorable results have been obtained with this Committee consisting of four to six individuals, utilizing assistance from local experts on an as needed basis.

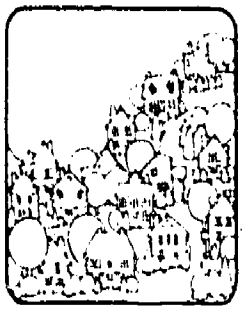
The Committee should develop the general philosophy and objectives from which the particular educational programs will evolve. They might choose to select an individual outside the committee to eventually coordinate the programs, or the group may decide instead to divide particular responsibilities among committee members. The former might be considered an "advisory" committee model, with the latter a "working" model.

Regardless of the working posture assumed, the committee should set the direction for program goals. Determination of topics to be included within *Preparational* and those at the *Continuing Education* levels is clearly a committee responsibility. A survey (Figure one) containing a large number of possible topics can be circulated among resident managers and area professionals to aid in this selection process. In addition to priority of topics, the group must assure that topics will be presented in appropriate sequence for each class. The committee should also assure that individual objectives are established for all topics to be covered.

Establishing evaluation procedures and criteria for acceptable resident manager participation is another area well suited for the multi-disciplinary membership of the Education Committee.

Course evaluation, outline modifications, and budgetary needs are also seen to fall within committee responsibilities.

In short, the Education Committee's responsibility is to promote an attitude which views resident manager education as a matter of importance and deserving serious attention.



topic presentation

I. OUTLINE

In the model described here, a consistency in course structure exists on both the *Preparational* and *Continuing Education* levels. The structural outline used for all topics covered contain five elements which, together, frame the subject presentation:

Introduction
Learning Objectives
Discussion Stimulants
Resources
References

II. INTRODUCTION

The intention of an *Introduction* while obvious should not be taken lightly. The brief *Introduction* clarifies the purpose for studying the unit and establishes context.

Within this context, a general preparation of the topic is set, which gives logic for the more specific *Learning Objectives* which follow.

This clarity allows participants to direct more attention to their learning responsibilites and less to wondering about purpose and topic application.

The written *Introduction* should be accompanied by an open discussion at the start of each class if the participant and the topic are truly to be introduced. The functional application of knowledge sought from the unit should be expanded upon by the presentor to include pertinent local references. The *Introduction* is essential to each unit. It is a good investment of time and paper.

III. LEARNING OBJECTIVES

The rationale for including *Learning Objectives* in the unit again is not a complicated one. It would be quite easy to study many different facets of each topic and still not adequately cover the desired points. The *Learning Objectives* represent content that the Education Committee has determined necessary to the performance of the resident manager's job. A variety of needs are considered when establishing *Learning Objectives* including interpretation of agency standards and policy, as well as satisfying normalization principles.

Two examples of *Learning Objectives* follow:

A. "Identify and describe the major fire hazard areas which might be found within the interior of a home. Suggest ways for alleviating the potential for danger in each of these areas."

B. "Describe the distinguishing characteristics of goals and objectives which are behaviorally specific."

The inclusion of *Learning Objectives* brings clarity of responsibility to the program. No one has to wonder, "How much of this will they want us to remember?" What the individual participant is asked to learn is established and communicated the moment the unit begins.

Including *Learning Objectives* in each unit of study has very relevant application to presentors, as well as to participants. When requesting a resource person to address a group of resident managers on a particular topic, rather than requiring the guest to also determine what is important, the *Learning Objectives* serve as a specific guide for this purpose. Providing guest speakers with a copy of the *Learning Objectives* prior to their presentation has been well received as it saves time and gives better insurance that remarks will address the point.

Learning Objectives serve an additional function in evaluation. Examinations at the completion of the course or quizzes at the end of individual units can be put together with ease by utilizing *Learning Objectives* as questions. This foreknowledge of examination content is appreciated by course participants and seems to reduce anxiety concerning what will be covered.

The inclusion of *Learning Objectives* and *Discussion Stimulants*, which follow, points out the difference between the model being described and most education or training programs. Experience has shown that there are more than enough experts in the field, even locally, to address virtually any topic which might be included in an education or training program. Likewise, there is ample literature to cover each of these areas. What is usually found to be lacking is a clear set of expectations concerning what specifically resident managers should know about particular issues. Assuming that the invited presentor knows what is most important for individuals at a particular stage in training has not proven satisfactory. What one expert views as critical, another passes over lightly, and vice versa.

A solution to this has been to have the Education Committee use a problem-solving approach to determine what specific information they feel resident managers should know. This information is represented in each unit as a *Learning Objective*.

IV. DISCUSSION STIMULANTS

The presentation of material that will eventually find its way into applied human service should include more than lecture approach. For this reason, all resource people are encouraged to generate participation among those in the audience. Role playing, simulation training, demonstration and small group discussions are relied upon to support practical emphasis.

One of the primary purposes for including *Discussion Stimulants* as part of the unit is to bring the central topic and learning objectives down to practical reality.

Two examples of *Discussion Stimulants* follow:

A. "What are some of the implications of having a large party and only inviting people from other group homes?"

B. What would you do if you were certain that a physician was prescribing either the wrong medication or the wrong dosage for a resident in your home?"

Very beneficial exchanges of approach and procedure can be generated when a portion of each class session is devoted to the real-life questions raised in this section. Having small groups assigned to discuss three or four of these "canned" issues, later reporting the solutions to the total groups, also offers a break from routine.

The *Discussion Stimulants* lend themselves well to homework assignments, as topics for study and group reporting, subjects for short papers or merely for future reading. When read in advance of their respective presentations, the *Discussion Stimulants* give a good preview as to the direction to be taken in the next unit of study.

V. RESOURCE PEOPLE

It was suggested earlier that the agency Education Committee might select an internal member to coordinate the resident manager course. While any number of individuals in an agency might do well as course coordinator, a suggestion on who might not is in order.

The immediate supervisor of the participants frequently appear to be most appropriate to head their education program. While this possibility should not be flatly rejected, it should be considered carefully. The reason is simply that the immediate supervisor's presence in training sessions has tended to inhibit participants asking questions which might sound foolish, obvious or critical of the supervisor. Creating an environment that encourages questioning and open discussion is vital to the program.

The course coordinator is responsible for organizing and managing the overall production of the education program. This role calls for working with the Education Committee on conducting the survey of topic possibilities, selecting resource people, mailing announcements, distributing notebooks and name tags, and generally assuring that the atmosphere of the program is well organized and conducive to learning. The course coordinator should be in attendance at every session and be available between sessions.

The coordinator should introduce each topic, discuss the units that will be addressed in the weeks ahead, and act as the agency or committee spokesperson. He or she should not, however, be the only presentor or instructor. There are well qualified resource people in the larger community who can cover the selected topics very well. Utilizing local experts for this purpose provides another opportunity to build relationships with generic services as well as adding a fresh approach and perspective to course participants. The use of outside presentors is encouraged whenever possible.

While agency staff can be well qualified for this purpose, making use of their expertise as consultants at a later date has proven more desirable than as front-line presentors.

Excellent resource people can come from any number of places. Those areas and/or agencies that have provided valuable presentation personnel are listed at the completion of each unit.

A final note on *Resource People*. It is wise to be very discriminating when selecting *Resource People*. Experience has shown that more benefit is obtained from an interesting and enthusiastic presentor who perhaps has only been in the field a short time, than from a long-time expert who gives his or her presentation with so much resignation. The courses appear to accomplish much more, and are definitely better received when *Resource People* are as obviously pleased to be taking part as they are well qualified.

VI. REFERENCES

[illegible] written *References* selected for each of the units [illegible] that have been found relevant to the topics the[illegible] accompany. Including a long and impressive bibliography has not been as helpful to participants or instructors as one that is carefully edited and contains works that have proven application.

References that are especially pertinent to particular units are either obtained in reprint or duplication by some generous agency. These are distributed to course participants. (A practical note here: All reference material, which includes hand-out materials presentors might bring, can be conveniently three-hole punched in the class to quickly become part of the course notebook.)

considerations in approach

I. ATMOSPHERE

Experience indicates [illegible]od used to approach resident man[illegible] is critical. The context the training is o[illegible]hould be appealing to the participants, or the o[illegible] will quickly become of secondary importance. The achievement of an atmosphere which is appealing to the participants and complimentary to the substance of curriculae should be a primary objective of program planners. There follows a list of considerations in approach techniques which have proven valuable to the Macomb-Oakland Regional Center model.

II. MANDATORY PARTICIPATION

From the earliest conversations with potential resident managers, the point is stressed that participation in agency education programs is mandatory. The resident managers must complete the initial *Preparational* sessions and later attend the monthly *Continuing Education* meetings concentrating on special problems. Some colleagues have suggested that without participants having the option to attend or not to attend they will become antagonistic toward the program and benefit less from it as a result. The belief that making frequent attendance mandatory will discourage resident managers involvement in community placement has also been offered. To date, neither of these reasons for caution have materialized significantly.

Two keys to the program's success seem to be first that *Preparational* and *Continuing Education* are clearly laid out in the beginning as responsibilities of the resident manager and never given the less important status which optional attendance implies. Secondly, every attempt is made for all sessions to be worthwhile. The feeling of respect for the objective of the program is communicated. Neither the purpose of the course nor the material is treated casually or as an exercise to be endured.

III. COLLEGIATE FORUM

That the education programs are treated with respect by the agency has been stated. One attempt to impart this feeling to resident manager participants is through utilizing the local community college for course presentations. The higher learning atmosphere which is present here imparts a tone to the program that a church basement, agency conference room, or the home of a class member will not.

Utilizing the college avails many additional secondary benefits as well. It can easily be arranged to have access to the library where films and tapes, as well as written material, can be worked nicely into monthly meetings. The student union makes for a good meeting place before and after the session, reducing the temptation of shaping the training meeting into coffee klatches. The sight of students and books lends increased respectability and seriousness to course work and its purpose.

While there are other benefits as well, the possibility of working participants into degreed programs, utilizing the *Preparational* curriculum as an entry point, is usually attractive. Counseling can be easily arranged for this purpose. Lastly, the college itself receives an opportunity to be of service to the community. If one of the objectives of this educational institution is to be an integral part of area life, then involvement in community placement through training course provision for resident managers is a satisfying addition to curriculae.

IV. PREPARATION OF PARTICIPANTS

When new education courses are initiated, flyers sent to resident managers announcing the upcoming program are patterned after those which advise of seminars or new courses at the college. The place, the number of sessions, and the hours are included here.

The first class session sets the stage in terms of style, atmosphere, and objectives which can be expected by participants in the weeks ahead. Registration includes the issuance of agency purchased notebooks, including a total course outline and the reference material for the first unit to be covered. Name tags are used for the first two or three sessions, and deliberate attempts at making acquaintanceships is encouraged. To this end, there is a formal introduction of each person enrolled, with expansion [illegible], the kind of home being operated, and the nature of the population being served.

The course coordinators should offer like information about themselves and then guide the group through a discussion of the purpose served by the education program. It has been found quite helpful at this point to underscore the belief that while, individually, each participant comes to the course with much knowledge, a collective pooling of expertise makes everyone that much better informed. Toward achieving this purpose, the program provides an excellent opportunity to share experiences, information, concerns, and, in general, promote a dialogue among people that otherwise would not exist. An appreciation for the purpose of the program, "to increase knowledge specifically relevant to foster care and/or group home management," . . . is sought. The outline to be used for each unit, described earlier, is thoroughly explained to the group at this time.

V. EXPECTATIONS

It has proven beneficial to clarify at the outset of a training program what is expected of participants and course coordinators alike. This helps to focus purpose and attitude, and it also reduces anxieties.

It may be explained that each individual will be expected to satisfy a course evaluation composed of representative learning objectives and discussion stimulants from each session. It will be expected that questions, even those that may sound "obvious" should be asked and that participation in group discussions, demonstrations, and role playing will be everyone's responsibility. Attendance is considered essential, and units which are missed are to be made up.

The individual notebooks and course outlines which are provided, should be brought to each class and used for note taking. All reference material and individual notes should be kept with corresponding units as they will offer good references on each of the subjects for future use.

The participants, on the other hand, can expect a number of things from the course coordinator. The resident managers should be, for example, guaranteed [illegible] attendance records by presentors. They should also be given their own opportunity to evaluate the course. Further, each of the individual units should be well prepared and as interesting as possible.

Participants also have a right to some confidentiality in that their performances in the sessions should not be discussed or gossiped about to their supervisors or others. It has been a policy not to include supervising social workers or visitors in the courses. While many professionals request attendance or touring privileges, they are seldom granted. Separate education programs can be developed specifically for staff or a combination of staff and resident managers at other times for other purposes.

VI. FACTORS IN EVALUATIONS

When proceeding to evaluate the effect of an education program, some caution should be exercised. The reason for this is at least two-fold. First, the desired effect of this education is really a long range one, "proficiency on the job." An education program can really do little more than supply resident managers with new tools and instructions on how these tools can be used. The resident managers must employ the tools on their own, far away from the protected class room. The affect of the program might be seen immediately, or it might appear in barely noticeable increments over a long period of time.

In this regard, experience has shown that course participants can gain much from the program and display

this back at the group home or foster home, yet be incapable of communicating their practical understanding while in class. Similarly, there have been those with exceptional writing skills and conversational gifts who have convinced instructors of their comprehension of course material, yet failed to function on the job. The measurement of subject comprehension at the completion of a program is, then, apt to be an uncertain gauge for inferring the long range effects on actual job performance.

A second reason for evaluation deserving careful measure is because of resident manager anxiety. Final examinations, quizzes, or term papers have provoked tension and fear in students for generations. Resident managers, while in a student role, are susceptible to these same reactions [illegible] some ways, might experience them in heightened proportions. A group home manager has good reason to believe that his/her answers to questions on course content will be compared for quality with those of his colleagues. These answers will, in spite of assurances to the contrary, be used by colleagues and course instructors in making private judgments about the worth of his/her group home.

Some resistance to examinations can be anticipated from course participants because of these reasons. At the same time, an evaluation of the education program is important to assuring relevance and effect. Improvements in the course, for example, can best be guided by an awareness of the learning that did and did not take place. There are several ways that an evaluation of the program's impact might be gathered. Six methods that have been used are suggested:

A. Using a combination of *learning objectives* and *discussion stimulants* from each unit, prepare a final written examination. A passing grade can be determined either on a fixed standard or a class curve. Students can be identified by name or number.

B. An abbreviated examination of the type described in (A) can be given before the program begins and after its completion. These exams can be taken anonymously, with a percentage of correct answers ascribed to the entire class. The difference in pre and post course scores would give an idea as to the learning that had taken place within the group as a result of the program.

C. Using each of the topics to be included in the program, develop a five point continuum of expertise. This should range from "knowing nothing" to "being an expert in the area." Ask all participants to anonymously evaluate their own level of skill and plot on the continuum accordingly. This should be done before and after the education program. A comparison of movement would give an indication of the participants' perception of course effectiveness.

D. Utilizing each individual unit, questions can be prepared concerning "How much was learned?" "How will it apply on the job?" "What did you find most helpful?" "Least helpful?" "To what extent, [illegible]." This would give yet another reflection of how the participants saw the course's relevance to themselves. A follow-up questionnaire returned six to nine months after the completion of a course would add a valuable test of time perspective as well.

E. A rigorous final examination can be prepared (such as suggested in Item A) with participants completing it at home, open-book fashion. The scoring could be accomplished in class, with each person grading their own, with scores turned in anonymously. This would give students every opportunity to perform well, utilizing notes and references, and give course instructors an indication of the group's level of comprehension.

F. Short quizzes can be given on a frequent basis, i.e., before or after each session. Participants can correct their own and submit scores which can then give the course coordinators an indication of comprehension.

While there are obvious weaknesses in each of these examination models, they do offer some suggestions as to ways course developers might proceed in evaluation.

Ultimately, of course, community residential placement can best be evaluated by individual agencies and interest groups working together to construct sensitive instruments and meaningful standards which apply to the placements as a whole.

curriculum rationale

There are certain dangers in sharing one's thoughts about what is a necessity or a fundamental need. One of the dangers is in the chance of offending someone who does not share your opinion; someone who views other concerns as more important. While we all face such matters in daily routine, it would seem wise, from time to time, to qualify our judgments.

In the pages that follow there are twelve separate educational topics, each of which is prepared for instructional use in the manner previously described. The twelve have been selected for inclusion here because they have proven effective in aiding resident managers develop functional competence essential to their roles. They also represent the most common educational needs resident managers related having. The suggestion is not being made that these twelve are the only topics worth considering. Depending on local need they may or may not be the most pertinent. Their inclusion here is merely for the purpose of sharing a range of subjects which have been found popular and relevant to others. Hopefully the units will aid others who are designing similar programs.

The *Learning Objectives* and *Discussion Stimulants* in each unit also are those which have been found most germaine. Again it is not suggested that these are the only or necessarily the most significant objectives for others to have. It is best for each group to carefully prepare a list of topics and corresponding objectives which will complement his or her program in particular. It is hoped that what is being shared here will aid in that task.

A final word concerning the character of the *learning objectives* is in order. The reader will notice that the depth of understanding for each of the topics is considerable. One might even say that the objectives are too comprehensive, impossible to achieve, and that resident managers cannot be asked to satisfy such objectives.

First, it should be understood that the coordinator of each course, in conjunction with the Training Committee and participants, makes the judgment as to which of these objectives will, in fact, be included and in what depth they will be covered. This decision should be based upon the perceived needs of the class. All the objectives might be used for a particular subject or the list may be tailored differentially.

Secondly, the degree of comprehension demanded from participants is determined by those designing the program. It might be the coordinator's desire to score on a curve, establish an absolute minimum standard, or assign no specific measure of comprehension at all. The point is that the depth of understanding required on any topic is simply up to the Education Committee and/or course coordinator.

Finally, the rationale for developing *learning objectives* which are ambitious was dictated because of the ambitious nature of the resident manager's job.

There would seem to be little to gain by reducing course demands for participants who will have to satisfy only the most rigorous on the job requirements.

orientation to mental retardation

The intention of this initial unit is to familiarize participants with causitive factors as well as behavioral characteristics of mentally retarded individuals. Effort is also made to provide a common informational base as to both traditional and current trends in identification and habilitation. Special attention is given to the movement from restrictive settings, labeling, and overprotection, toward developing a public opinion which is more accepting of a mentally retarded person's right to full citizenship.

LEARNING OBJECTIVES

1. Identify and describe representative historical beliefs about the causes and treatment of mental retardation.

2. Identify and describe some of the currently accepted etiological characteristics of mentally retarded persons, including:

A. Genetic factors and syndromes

B. Prenatal and birth trauma factors and syndromes

C. Social and economic factors

3. Identify and discuss similarities as well as differences in the growth and development of persons who are intellectually normal and those who are not including relative progressions in:

A. Personal awareness and self care skills

B. Social awareness and interpersonal relationship building

C. Educational and vocational development

D. Emotional and affectional needs

4. Using the general levels of mental retardation, as defined by the 1973 AAMD Classification Document, describe representative adaptive behavioral differences among those persons considered mildly, moderately, severely or profoundly mentally retarded.

5. Discuss the formal and informal implications which frequently accompany the diagnosis of mental retardation giving specific attention to:

A. Pre 20th Century methods of classification vs. 1973 AAMD definition.

B. I.Q. vs. adaptive behavior

6. Identify and briefly discuss each of the rights of mentally retarded persons as adopted by the American Association on Mental Deficiency in 1973.

7. Define and discuss the normalization principle as it has been interpreted by Wolfensberger. Give attention to the practical implications this principle has effected and is intended to effect, on services to mentally retarded persons.

8. Discuss the rationale behind the movement toward community placement and less restrictive environments in general.

DISCUSSION STIMULANTS

- In what ways can you see the remnants of the fear and/or superstition that guided perception of mentally retarded persons a century ago?
- What is the rationale for requiring three separate characteristics be in combined evidence before considering someone "mentally retarded"?
- What effects can we anticipate this method of classification having on individuals who fit the definition of mental retardation years ago, but would not be considered so today?

- What long range effect might this classification have upon the public school system? How might individuals previously considered "borderline" mentally retarded be effected by this change?
- How might communities be encouraged to accept persons returning from large state institutions? Who bears the responsibility for such encouragement?
- Should institutional residents be delayed from moving into preferable alternatives within the community because the community is not ready to receive them?
- Under what circumstances might institutions be considered the habilitative milieu of choice?
- [illegible] with examples, how "labeling" mentally retarded persons may perpetuate stigma. How might we counteract the process?
- Should anyone be classified as "mentally retarded"?

RESOURCES

Presentors with expertise in the area of mental retardation have been found among:

1. Experienced Resident Managers
2. Association for Retarded Citizens staff and membership
3. Department of Mental Health central and regional offices
4. Community Mental Health Centers
5. University affiliated facilities
6. University and community college education departments
7. Department of public health
8. University medical schools
9. Schools of Nursing
10. Private residential facilities
11. State institutions for mentally retarded citizens

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maintaining healthy environments, providing emergency care

The intention of this unit is to make participants aware of the need for being sensitive to maintaining a household that is physically safe. A practical rationale as to the importance, and suggestions as to procedures for this maintenance and treatment of accidental injuries is also given.

In contrast to the unit on "Fire and Safety Considerations" which focuses primarily on physical and structural accommodations to household safety, this program centers on personal health and emergency care.

LEARNING OBJECTIVES

1. Considering health hazard prevention, address the following topics:

A. Identify and describe areas of personal hygiene needing most consistent attention.

B. Discuss how to determine:

1. The kind of medication within a bottle
2. The dosage prescribed by physician
3. The proper method for administering tablets medication: elixer
4. How to be alert to and recognize medication side-effects
5. Proper storage for medications

2. Describe a good household procedure to be followed when a fight occurs between residents.

3. Define and describe the meaning of first aid. Contrast with other kinds of health treatment and care.

4. Present descriptive characteristics necessary to the identification and treatment of the following:

A. Minor and major lacerations

B. Hemorrhage

C. Injuries to bones and joints

D. Burns

E. Ingestion of poison

F. Foreign objects in body orifices

G. Head injuries

5. In a simulated situation, perform satisfactory mouth-to-mouth resuscitation and describe the functional purpose for each step. Also define those occasions when mouth-to-mouth is the most appropriate treatment.

6. Participate in demonstrations on giving cardiopulmonary resuscitation, and the Heimlich Manuever. Describe the essential steps in this process.

7. Give a list of contents that should be included in first aid kits for the home and car.

8. Demonstrate usage of each first aid kit item and describe circumstances where each is appropriate to treatment.

9. Describe the characteristics and common variety of epileptic seizures. Specify appropriate reactions to each.

10. Present a practical procedure for keeping a list of pertinent health and emergency care telephone numbers, contact persons, nearby consultants, and people most probably available to assist in a crisis.

DISCUSSION STIMULANTS

- How much "pressure" should be applied to persons living in the house to keep themselves clean? At what point should "encouragement" become "pressure"? What form of "pressure" is acceptable? Unacceptable?

- What kind of approach might be taken to promote personal value systems that find hygiene in high regard?
- How would you respond to a person who frequently resists taking medication?
- How would you react if you were certain that a physician was prescribing either the wrong medication or the wrong dosage?
- How might a forum for discussion be designed to give persons within the home confidence that it will satisfy their concerns more than a good fist fight?
- Should a houseparent ever fight with another person residing in the home?
- How would you differentiate between a "bad" cut and a minor one? A "bad" cut or a hemorrhage?
- Who are the individuals that should be contacted following the accident or injury of a person in the home? In what order are they to be notified?
- On the matter of preparing a client's fellow workers, or classmates, for eventual seizure episodes, should preparation or education be made prior to a seizure or afterward? No attention given to preparation?
- How would you react to a situation where an important activity is planned for the house and one person has a grand mal seizure on the way to the affair? Should the entire trip be cancelled? Postponed? Just the person who has had the seizure taken back home?

RESOURCES

Presentors with expertise in Maintaining Healthy Environments and providing emergency care have been found among the following:

1. Experienced Resident Managers
2. State and local police departments
3. Local Red Cross Clinics
4. Local Health Associations
5. Local United Fund Agencies
6. Community College and University Nursing Departments
7. Fire Departments
8. Emergency Medical Services
9. Hospital Emergency Room Staffs
10. University school of public health
11. Area Medical Schools

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fire and safety considerations

The intention of this unit is to acquaint resident managers with common sources of physical hazards within the home.

The physical and structural properties of the house itself are addressed with suggestions for averting potential dangers. Particular areas of interest in this unit center upon dealing with reaction to fire and storm.

LEARNING OBJECTIVES

1. Identify and describe the most common fire hazards which might be found on the exterior of a home. Include garage, yard, porch and patio. Suggest specific ways for alleviating the dangers in each of these areas.

2. Identify and describe the most common fire hazards which might be found within the interior of a home. Suggest specific ways for alleviating the potential for danger in these areas.

3. Present the practical fundamentals (i.e., "do's and don'ts in a home fire") recommended for reacting to a fire in progress:

A. Upon the second floor of the home where people are sleeping.

B. Within the basement where people are playing the stereo.

C. On the main floor where people are scattered throughout several rooms.

D. On the exterior of the house where people are inside and unaware of the danger.

4. Present the fundamentals for designing a good evacuation procedure for a one story home, two story home, multi-story apartment, or other dwellings as appropriate.

5. Describe the evacuation plan for your home. Specify how new household members should be made aware of the plan.

6. Demonstrate the proper use of a household fire extinguisher. Discuss appropriate storage and refilling procedures.

7. Describe the most desirable manner to extinguish fires of:

A. Paper, cloth or wood

B. Grease

C. Gasoline, lighter and cleaning fluids

D. Assorted chemicals

E. Other common materials

8. Present a functional plan to prepare household members to observe fire safety rules in the home.

9. Identify those persons or agencies, in appropriate order, to be contacted in the event of a fire. Specify where the telephone number is for each.

10. Identify and describe the most common areas on the exterior, and within the interior, of a home that are frequently hazardous to general safety. Suggest ways for maintaining these areas "hazard free."

11. Identify and describe the stages of tornado or other applicable storm alerts. Specify the desired resident behavior at each of these stages.

DISCUSSION STIMULANTS

• What are the safest procedures for storing or disposing of the following:

A. Old newspapers, magazines and books

B. Dried leaves

C. Christmas wrappings

D. Gasoline

E. Combustible fluids

F. Fireplace logs

• What is the *first* thing you would hope to do upon discovering a fire in progress on the stairway leading to the occupied second floor? What is the *second? Third? Fourth?*

• Under what circumstances would you consider calling the fire department to assist you in controlling a household fire?

• How many times have you practiced a fire or storm safety drill within the last year? What might you do to periodically satisfy yourself that everyone in your home knows what to do in case of a fire?

• How many fire extinguishers should there be in your home? Where can they be obtained? Filled? How might you get your present fire extinguishers checked? How long should you wait before having them checked again?

• How would you prepare all the individuals living within your home to react in the most desirable fashion in the event of a household fire or violent storm? What provisions would you make for new residents who move in between practice drills?

• How would you react to a situation where a tornado has been sighted in the vicinity and, after getting everyone to the appropriate spot in the home, you discover that one individual has not returned from an errand being run in the neighborhood?

• Suppose you have an individual living within your home who has a habit of smoking in bed. How might you handle the situation?

• How would you react to a very independent adult resident who is preparing to go to the park to hit golf balls — in spite of it raining and lightning?

• What approach would you take with an adult who, through a combination of lack of physical coordination and carelessness, has burned several holes in your furniture?

RESOURCES

Presentors with expertise in Fire, Safety, and Emergency Procedures have been found among the following:

1. Experienced Resident Managers
2. Local fire departments
3. Local police departments
4. Emergency service units
5. State or county public health departments
6. Local fire marshall offices
7. High school chemistry instructors
8. City or county building inspectors
9. Private firms dealing in the sale of fire detection and extinguishing devices

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administrative responsibilities

The operation of a community residence necessarily involves a number of individuals sharing parts of a total responsibility. One of the more common failings identified by participants in community placement programs is the lack of role clarity. The assumption that well-intended people, working for the betterment of mentally retarded citizens, will "put it all together when the need arises" does not appear a certainty. Who does what and when are not questions that can be left unanswered for any length of time. Likewise, the answers must be understood and accepted to assure that all the areas of responsibility are adequately covered.

The intent of this unit is to address these very issues of role clarification and distribution of responsibility. Thorough understanding of performance expectations and corresponding duties are goals for all participants.

LEARNING OBJECTIVES

1. Identify and briefly describe the responsibilities assumed by the agency social worker assigned to your home; give particular attention to this role as it concerns:

A. The resident

B. The natural parents or guardian

C. The contracting agency

D. The resident managers

2. Identify and briefly describe the responsibilities of the resident manager; give particular attention to this role as it concerns:

A. The resident

B. The natural parents or guardian

C. The contracting agency

D. The social worker assigned to the home

3. Discuss the expectations of the resident manager, by the supervising agency, regarding the following:

A. The overall household management

B. Meal preparation

C. Transportation

D. Record keeping

E. Communication with the contracting agency

4. Describe the working relationship the resident managers are expected to maintain with the natural parents or guardians of residents in their home. Discuss the points at which this relationship is to be limited or left open to discretion.

5. Identify and describe the responsibilities of the supervising agency: give particular attention to this role as it concerns:

A. Payment for room, board, and supervision

B. Payment for programming services rendered within the home.

C. Payment for programming services rendered within the community.

D. Payment or provision for the purchase of clothing and incidental necessities for residents.

6. Describe the working procedure resident managers are required to follow before receiving the above four services from the supervising agency.

7. Identify and describe the supervising agency's responsibilities concerning the following:

A. Accounting for a resident's personal money. Discuss the resident manager's role in this working procedure.

B. Unusual or non-routine expenses for a resident (i.e., summer camp, music lessons, etc.). Discuss the resident manager's role in this working procedure.

C. Payment or provision for medical expenses incurred by the resident. Discuss the resident manager's role in this working procedure.

8. Identify and discuss the supervising agency's responsibilities as they relate to the following issues:

A. Training, programming, and other formal activities which affect resident directly and immediately.

B. Provision of consultation and on-going professional assistance.

C. Conferences with resident managers.

D. Conferences with clients.

9. Identify and describe the natural parents' or guardians' responsibilities to the residents in your home. Give particular attention to the following:

A. Participation in program plans

B. Decisions regarding exercise of freedoms to drink alcoholic beverages, date, marry, use birth control methods, work or travel.

C. Granting permission for elective and emergency surgery.

D. Decisions relative to a resident's desire to move to another home.

E. Provision of clothing, spending money, and/or the provision of sundries.

DISCUSSION STIMULANTS

• How should you respond to a father of a resident who is irate because he has just found out his 30-year-old daughter is dating? At what point should you refer him to the social worker?

• The payment check has not arrived for the second week in a row, despite assuring promises by the social worker. What is the next move? At what point do you "go over the social worker's head?" How will you deal with this later?

• Prepare a "responsibility chart" which shows the major roles assumed by: the group home, resident managers, social worker, supervising agency, and natural parents or guardian. Include areas where responsibility is shared.

• How will you keep general household maintenance money separate from entertainment money? If your responsibility is to hold resident's personal money for them, what system is used to account how money is spent?

• How might you handle the following situations:

A. Time after time the natural parents return their son after weekend visits half sick from overeating and "spoiled rotten."

B. Your social worker misses appointments with regularity and this works a hardship on your schedule, but she is very nice and obviously likes you and the job being done.

C. You've had it with forms. The supervising agency has just come up with one more reporting scheme and this form is worse than the others.

D. You feel that, while a new program is well intended, the residents in your home are being overstructured. Your social worker is the architect of these program plans and feels the residents still have too much free time.

• When the sister of a 25-year-old man informs you that she does not want her brother dating young women in the area, and you have been encouraging the young man to date, what might you do?

• Name three (3) administrative procedure modifications that would make the purchase of clothing for residents much simpler. Discuss the reasons these have not been put into effect. What will be your next step to encourage this? At what point will you give up on the idea?

• How would you react to a natural parent who wants to become socially friendly with you? Sends you gifts on special occasions? Wants to gossip about or criticize the supervising social worker?

• How many times per year should the supervising social worker review the home's overall operation with the resident manager? Should the client be involved in the discussions?

• What is the best way to make sure that your financial records are in good order? How often are they reviewed? By whom? What modification would make this bookkeeping responsibility better for everyone concerned?

RESOURCES

Presentors with expertise in Administrative Responsibilities have been found among the following:

1. Experienced resident managers
2. Local, state or county community mental health agencies
3. State institutions for mentally retarded citizens
4. Any agency that contracts for community residential services
5. University affiliated facilities
6. State or county departments of social services
7. Private residential facility operators

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elements to be considered in programming

This unit is designed to initiate an understanding of the elements essential to individual programming. Assessing areas of client strength and weakness in terms of adaptive behavior are addressed as well as the establishment of intermediate and long range goals. The importance of objectives which are stated in behaviorally specific language is stressed as is the pertinence of periodic evaluations.

To better acquaint participants with programming concepts opportunities to practice writing individualized program plans are provided.

LEARNING OBJECTIVES

1. Discuss the purpose intended to be served by the administration of the American Association on Mental Deficiency Adaptive Behavior Scale (or assessment instrument of choice) with specific attention to:

A. How this information might be used to develop programmatic goals for a particular individual.

B. What inferences might be drawn from information gathered from the scale, and what inferences should one avoid drawing.

2. Discuss how periodic re-evaluations of individual adaptive behavior skills might be used to assess overall program effectiveness.

3. Identify the distinguishing characteristics of goals and objectives which are behaviorally specific and those which are not. Give several examples.

4. Identify and discuss the program function of long range goals and short range goals. Expand on their importance with regard to measurement of progress, clarity of program direction, and certainty of staff and client expectations.

5. Discuss the importance of including the individual in establishing objectives that will necessarily change his or her life. Give specific attention to the need to be assured that the goals for a client are in concert with the goals that the individual has for himself or herself.

6. Discuss the advisability of including persons significant to each client in all stages of program development and evaluation.

7. Discuss the importance of secondary elements in program planning which are important to individual program success but are frequently relegated to positions of secondary significance, specifically:

A. The "self-fulfilling prophesy"

B. The role of physical environments

C. The selection of persons to monitor an individual's program plan.

D. Working in alliance with the client rather than keeping him or her in the "dark" about what your objectives are for their behavior.

8. Identify and describe all component parts of the procedures used by your agency or yourself to evaluate a particular individual's overall program. Give particular attention to the following questions:

A. How is it determined what an individual's program should include?

B. Who establishes the goals?

C. Who assures integration of all goals?

D. Who monitors the actual program and how?

E. How often is it reviewed with a critical eye for progress, sensibility, desirability, client satisfaction, and change?

9. From prepared cases, demonstrate satisfactory ability for determining client needs and developing individualized program plans designed to satisfy those needs.

DISCUSSION STIMULANTS

- How much of an individual's daily routine should be programmed? How often should weekends be formally programmed? Who should decide this?
- Which is most valuable for programming purposes: I.Q. tests given on a periodic basis or adaptive behavior assessments? Why?
- What can be done to avoid having an individual refusing to participate in his or her program? What would you do after all conceivable procedures have been followed and an individual continues to refuse to participate?
- How would you determine when an individual is ready to graduate to another program?
- Given a windfall of $5,000.00 to be spent in the home, what are some interior decorating modifications and furnishing changes, which would contribute to resident program success, would you make in the home? How would these effect individual program? Why?
- How are you either:

A. Making do without the money?

B. Proceeding to make alternate desirable interior improvements?

C. Involving the individuals living within the home in making their own improvements?

- Discuss the differences in household program routines which exist for the benefit of the managers, or foster parents, and those that exist for the primary benefit of the other individuals residing in the home. How are these differences explained?
- How many different program goals can be worked on at a given time for one individual? How is it determined which ones take precedence?
- When should a particular individual's family, relatives or friends be included in a review of his or her progress within a program? Who should determine this? Should this be a standard procedure?
- Who should have the most to say in determining the character of an overall program and why?

A. The client

B. His or her parents

C. The resident manager

D. The client's social worker

E. The multidisciplinary program team

F. The consulting psychologist

RESOURCES

Presentors with expertise in programming concepts have been found among the following:

1. Experienced resident managers
2. Local or state department of mental health agencies
3. State institution for mentally retarded citizens
4. Private treatment agencies
5. Community college or university psychology departments
6. Community college or university special education departments
7. University affiliated facilities
8. Intermediate school districts, special education programs.

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normalization

The intent of this unit is to acquaint the participant with a contemporary principle in human services that currently is a widely discussed, and accepted in varying degrees. Both immediate and potential effects this principle may have on the lives of mentally retarded persons are reviewed. The corollary principle of "dignity of risk", the concept of "deinstitutionalization", and the direction of future service design also receive attention.

This unit is of fundamental importance to understanding, appreciating, and carrying out the responsibilities of a resident manager.

LEARNING OBJECTIVES

1. Define the principle of normalization as interpreted by Wolfensberger.[1] Give examples of the principle in practice and examples of situations where it is not.

2. Normalization has been described as "deceptively simple".[2] Discuss why this might be. What things interfere with human service systems adhering to this principle?

3. One of the ways mentally retarded persons have been employed is in direct care of other mentally retarded persons. Discuss how this practice does or does not help the normalizing process.

4. Robert Perske has written that the handicapped are — "denied their fair and prudent share of risk taking".[3] Discuss what is meant by "dignity of risk". How can there be — "dehumanizing indignity in safety?"[4]

5. Because of the wide variety of values and practices in a culture, it is difficult to know what is normal. Discuss ways of determining whether the rules of your home and the general procedures which are followed in managing daily routine, are in keeping with the normalization principle.

6. Describe a workable method for assuring client, or advocate, participation in all plans which affect the client. Are there circumstances where program plans should be put into effect over client or advocate objections? Please explain.

7. In order to provide the most effective services to mentally retarded persons sometimes procedures are used which are outside the norm, i.e., aversive conditioning to eliminate self abuse. Discuss how such practices might be evaluated from a normalization based frame of reference. Specifically, what questions would you ask before determining a particular procedure is in keeping or in contradiction to the principle of normalization?

8. Discuss the differences between a service delivery system based on a traditional custodial model and a system based on normalization.

9. While it is generally felt that community placements are less restrictive than institutional placements this is not always the case. Discuss the reasons that cause some group homes and/or foster homes to be overly restrictive. How can the causes be eliminated?

10. Define "deinstitutionalization." Discuss this term as it affects:

A. Institutional admission and discharge policies

B. Trends in future service delivery models

C. Generic services

DISCUSSION STIMULANTS

- How are normalization efforts affected by:

A. Having mental retardation services remain a subdivision of the mental health department?

B. References made to mentally retarded persons as being "M.R.'s," "kids," or "retardates?"

• Describe a residential environment that would be ideally normative for a 40 year old severely mentally retarded man. What kind of local residential alternatives are actually available to such men? What progressive steps have been made toward the ideal you have described?

• Voluntary service groups frequently like to make donations of time, money and clothing to mentally retarded persons. Do such donations help perpetuate beliefs about mentally retarded persons being "objects of pity?"[4] Or are donations acceptable expressions of generosity which can be justified because the client has the right to receive gifts?

• Some people have suggested that normalization is a fashionable principle which will go the way of all fashions. Discuss your opinion of this.

• If a client wants to go on a potentially dangerous adventure i.e., hitch hike across the state, what are your responsibilities? Does "dignity of risk" mean you should let the client make all his own decisions? If you try to dissuade at what point will you give in and permit the trip? Under what circumstances would you refuse to allow it?

• Two men who are living in your home have been offered jobs in a local nursing home. While the wage is much less than other employees receive for the same responsibities it is unlikely that other jobs can be found for some time. Discuss how you would advise these men.

• It has been said that — "many people are institutionalized less for their own benefit than for the comfort of others."[5] Under what circumstances should a mentally retarded person be removed from his or her family and placed in an institution? Group home? Foster home? How long should he or she live apart from the rest of the family?

• What are the alternatives to removing a mentally retarded person from the home? Should the comfort of the rest of the family ever be considered important enough to justify moving a mentally retarded person from his home?

• Recently it has become common to institutions to be built or remodeled so as to approximate an actual family home environment. Are these attempts at achieving normalization in keeping with the principle or are they missing the point?

• Once an individual is a resident of an institution, group home, or foster home it is frequently unclear as to what criteria must be met before he or she can either move back to the natural home or on to some other less restrictive alternative. What should this criteria be? Specifically should the individual client be obliged to achieve a certain level of development, or is the service system responsible for effecting the return to the natural home or other preferable alternative?

RESOURCES

Presentors with expertise in this area have been found among:

1. University affiliated facilities
2. University schools of special education
3. Associations for retarded citizens
4. Attorneys specializing in civil liberties
5. Experienced resident managers
6. Community mental retardation service agencies
7. State institutions for mentally retarded citizens

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managing behavior

Teaching resident managers how to understand the causes and management of behavior requires more than a single session. For this reason the intent of the initial unit is simply to present some of the more basic principles which underlie applied learning theory.

Attention is directed to specific key concepts and their relation to all human behavior. The importance of defining behavior in specific terms and the utilization of reinforcement rather than punishment is emphasized. While some time is spent on determining individual objectives, the primary purpose of the session is to lay the ground work for more concentrated plan development at a later date.

LEARNING OBJECTIVES

1. Identify and briefly describe some of the alternative explanations that have been given for the causes of behavior. Discuss the similarities and differences between explanations founded on astrology, fate, heredity, luck, black magic and operant conditioning.

2. Using real life examples define the following in practical terms:

A. Reinforcement

B. Punishment

C. Shaping

D. Extinction

E. Behavior modification

3. Give examples of how these principles are applicable to the lives of people who are mentally retarded and those who are not.

4. Discuss the relevance of proximity in applying consequences to behavior.

5. Explain with examples what is meant by describing something in "behaviorally specific" terms. Discuss the importance of selecting individual objectives and program goals which are behaviorally specific.

6. Participate in an exercise demonstrating behavior modification approaches which rely on:

A. Reinforcement of terminal behavior only.

B. Reinforcement of successive approximations of terminal behavior.

C. Extinction of all behaviors but the terminal behavior.

D. B. and C.

7. Discuss the effectiveness of each of the above approaches in relation to gaining the terminal behavior. Describe strengths, weaknesses or advantages in each.

8. Discuss the relationship between "baseline" and measurement of a client's progress toward an objective.

9. One alternative to using punishment to modify an inappropriate behavior is the reinforcement of another behavior which is incompatible with the problem one. Discuss the reasons for emphasizing this approach as opposed to one which emphasizes punishment.

10. Describe the accepted preliminary procedure which must be followed prior to implementing a behavior modification plan with residents in your home. Describe the procedures which must be followed to monitor an ongoing plan.

DISCUSSION STIMULANT

• Identify the requirements which must be followed before implementing a behavior management plan for a client in your home.

• Which of the following behaviors are most likely to be modified through extinction procedures: Discuss your reasons:

A. Masturbation

B. Nail biting

C. Nagging

• How could you use extinction and reinforcement to modify temper tantrum behavior?

• What ethical questions are involved in deliberately setting out to modify another person's behavior? How can we be certain that client rights are not taken for granted in behavior management planning?

• What are some of the negative side effects of a punishment based approach? Contrast this to an approach built upon reinforcement and extinction procedures.

• How would you proceed to work with a client who has "very poor self-help skills?" How many objectives would you select to concentrate on? How would you determine what was reinforcing to the client?

• Discuss how a client's self image might be described in behaviorally specific terms. How will this specificity help when attempting to improve the client's image of himself?

• The reinforcement of successive approximations towards a final goal behavior, and the extinction of interferring behaviors sounds like an unbeatable combination. Why doesn't this combination always work? What things decrease its effectiveness?

• How would you proceed to determine what things were reinforcing to a severely mentally retarded man? What would you do if the common reinforcers such as candy, chips and praise reportedly were ineffective?

• How can natural parents be included in the behavior management plans of their sons or daughters residing in community placement? Discuss how clients are involved in these plans.

RESOURCES

Presentors with expertise in the area of behavioral influence have been found among:

1. Community college and university psychology departments
2. Community college and university special education departments
3. Community college and university education department
4. University affiliated facilities
5. Experienced resident managers
6. University schools of administration and management
7. University schools of social work
8. State institutions for mentally retarded citizens
9. Private practicing psychologists and social workers

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leisure time recreational

The intent of this unit is to encourage thought on an individual resident's leisure time. While the use of this leisure time is something the resident managers do not have the right to limit, stimulating new interests and the introduction of opportunities for self-actualization are obligations. Considerations which should be entertained when planning activities are offered. Illustrative exercises are presented which address the development of both individual and group recreational experiences.

LEARNING OBJECTIVES

1. Discuss the relevance or irrelevance of an individual being productive or active during his or her leisure time. How might consistent lack of activity affect the following:

   A. Household

   B. Personal feelings of accomplishment

   C. Integration into the local community

2. Discuss how you might encourage residents to participate in a group activity while maintaining sensitivity for personal dignity and the right to be inactive.

3. Identify five (5) positive features of group recreational activities. Discuss these in relation to how they are appreciated most by people living in your home.

4. Identify five (5) potentially negative features inherent in group recreational activities. Discuss each of these in relation to the residents in your home.

5. Identify five (5) personal outdoor hobbies or interests which you have. Discuss how residents within your home have been exposed to these interests and whether or not they share your enthusiasm for them. If they have not been exposed to them please discuss how they might become so.

6. Presented with the following list of items, prepare for each a detailed group or individual leisure time activity that can be offered as an alternative to being bored on a rainy day. Identify additional items:

   A. Recipe book, well stocked pantry

   B. Water colors, brushes, still life subjects

   C. Drawing paper, pencils, and mirrors

   D. Tape recorder, blank tape, cassettes

   E. Workbooks in various academic subjects

   F Workbench, tools, and wood

   G. Barbells, charting materials

   H. Yarn and knitting book

   I. Tumbling exercises and old mattress

   J. Soap and knives

7. Identify ten (10) indoor hobbies which have not been previously listed that might be of interest to the people living in your home.

8. Discuss how you might go about organizing one of the following:

   A. Bowling team to compete in a neighborhood or friend's league

   B. Touch football, basketball, bocci ball, ping pong, softball team to compete on a scheduled basis with other teams

   C. A competitive activities league for four group homes

   D. A gourmet dinner club for couples

   E. A swimming party for residents and friends

   F. A book, record, and tape exchange

   G. Community garden

9. Discuss the importance of the following in relation to generating active leisure time interest:

A. Reinforcer sampling

B. Successive approximations

C. Variety of reinforcers

D. Social recognition

10. Discuss the importance of periodically reviewing the pattern of social activity within your home. After taking stock of the situation, what should be the procedure for introducing changes?

DISCUSSION STIMULANTS

- How can activities be presented so as to encourage independent pursuits of leisure time interests? Give three (3) examples.
- To what extent can accepted behavior modification techniques be used to promote leisure time interests?
- Why might you *not* want to consider some techniques (i.e., punish for not taking part in an activity)?
- How can the routine of programmed activities sometimes compete with "normalization" and "least restrictive environment" considerations?
- How would you handle the situation where a 25-year-old resident wants to go to his natural parents' home every day? What considerations should be made? What rights of the resident's supersede your own bias for encouraging independence?
- What are some of the implications for community integration of having a large party and only inviting residents from other group homes?
- How would you react to a young man who only likes to knit and sew in his leisure time?
- How can an advocate of volunteer help a resident make independent use of leisure time?
- How might you handle a situation where a resident only likes to spend long periods alone in his room or watching television?
- At what point should residents be excluded from participating in potentially dangerous activities such as canoeing or skiing? Who decides what is too dangerous? At what point and to what degree is the resident involved in this decision?

RESOURCES

Presentors with expertise in this area have been found among:

1. City, county recreation departments
2. Adult education programs
3. YMCA, YWCA
4. Experienced resident managers
5. University affiliated facilities
6. Community college or university continuing education departments
7. State and private agency occupational and adjunctive therapy departments
8. Community college or university physical education departments
9. Church social clubs
10. Teachers organizations

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educational considerations

Involvement with the educational community is required for most persons, child or adult. Whether formal schooling, adult hobby programs, organized recreational activities, or just using the library, people call upon the educational community for stimulating interests and broadening personal horizons.

The intent of this unit is to clarify the right of each mentally retarded person to participate within the educational community. Understanding service structures involved in the client receiving education, as well as procedures for obtaining the services are reviewed. An attitude which advocates promoting the pleasure, excitement and general worth of continuing education is also encouraged. Familiarity with the availability of resources and how they might be secured are focused on in particular.

LEARNING OBJECTIVES

1. Discuss the major features of the Mandatory Special Education Law.

2. Discuss both the intent of the act in ideal form and the trend in present administration. Give specific attention to the practical implications of local interpretation of this law on the residents in your home.

3. Discuss the law relative to:

A. The individual's "right" to equal educational opportunities and freedom for local districts to interpret their responsibilities to assure this right.

B. Nature and role of intermediate school districts establishing these responsibilities.

C. Relationship between local and intermediate school districts.

D. Procedures for guaranteeing local district and intermediate school district accountability to individual students and parents.

E. Local district responsibility and procedures, for determining the educational needs and program of individuals.

F. Identification of contact school personnel in local districts.

4. Describe the procedure in your local district for obtaining an Education Program Planning Conference. Specify alternate steps which might be followed if this procedure fails to deliver a satisfactory program.

5. Describe the process by which one who is not covered by "mandatory" special education legislation might:

A. Receive an educational evaluation. Name contact sources.

B. Receive actual program after needs assessment. Name contact sources.

C. Have program made more accommodating to individual needs when necessary. Name contact sources.

6. With regard to public education, discuss the official and unofficial roles of:

A. State Department of Mental Health

B. State Department of Social Services

C. State Department of Public Health

D. Local counterparts of each of these.

7. Discuss potential alternative resources for assistance in upgrading local educational programs. Name several specific possibilities.

8. Identify and discuss ways to stimulate interest among house residents in activities which are intellectually broadening.

A. What kinds of materials, media, artifacts, etc. might be included as part of household paraphernalia?

B. What kinds of resources for intellectual growth and recreational opportunities exist in your local community? Please identify contact people where possible.

C. What books, magazines, circulars, and mailing lists will lend themselves to encouraging learning in and about the home.

D. Suggestions for recreational activities with groups, individuals, indoor, and outdoors.

DISCUSSION STIMULANTS

- At what point should a particular individual no longer be bothered about going to school? Learning new things?
- Who should decide whether or not a 16-year-old moderately mentally retarded girl should remain in an educational program she does not like?
- To what extent should natural parents be involved in the school program of their 18-year-old son who is living in a group home and who will eventually move on to semi-independent living?
- How acceptable would a school system's offer be to send a tutor to your group or foster home as there is not "adequate room within the school itself" for the residents?
- What variables would you consider when determining whether an individual should be encouraged to discontinue an educational program and turn toward vocational career planning?
- How would you react to an employer who is the only person ever found agreeable to keeping a particular individual on a job but who now appears to be taking advantage of him by paying less and providing fewer benefits?
- How long would you consider it is required for a person to excel on one job before encouraging a new and more challenging line of work? Who should be involved in this decision making?
- Suppose a farmer on the outskirts of town has made an offer to let persons living in your home share in his good fortune by allowing them to pick apples and sell them at a roadside stand. Would you consider this offer demeaning and unacceptable, or very generous and in keeping with the normalization principle? Please discuss.
- How would you react to an offer made by a local service club to give the "retarded folks" in your home used magazines and books gathered in a door-to-door campaign?
- To encourage the interest in current events within the home, newspapers and periodicals might be subscribed to. Which of these, and how many issues of each, if any, should you receive? What procedures have you developed to insure respect for these house properties that belong to all residents?
- How fully should handicapped individuals be integrated within the educational system for the non-handicapped? Should, for example, classrooms be separate and distinct or integrated?
- How might public libraries be made more aware of the needs for educational material suitable for mentally retarded persons?

RESOURCES

Presentors with expertise in Educational Considerations have been found among the following:

1. Experienced Resident Managers
2. State Department of Public Education
3. Local Intermediate School Districts
4. University Schools of Education
5. Parent-Teacher organizations
6. State and local departments of mental health
7. Association for retarded citizens memberships
8. Local adult education departments.

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community placement

The intent of this unit is to help participants develop an appreciation for community placement as an habilitative option as well as a residential one for mentally retarded persons. An historic frame of reference is established with primary attention given to discussing the relative position occupied by a variety of community placements within a range of residential alternatives. Rationale for the service roles played by foster homes and group homes in the larger community is addressed, as well as pitfalls common to each. The philosophy and application of the normalization principle, and assumptions of the developmental model, will be touched upon as they are critical to establishing quality community placements.

LEARNING OBJECTIVES

1. Outline an overview of the history of residential services for mentally retarded persons within the state and local region.

2. Identify and describe the characteristics which distinguish the residential concepts of foster homes, nursing homes, group homes, and larger institutions.

3. Give a description of the primary service each of these service models is designed to provide.

4. After reviewing the principle of "Normalization," identify five common characteristics of group homes or foster homes which are compatible with the principle; five which are incompatible.

5. Considering the normalization principle and client rights, discuss practical issues which should be attended to in managing a group or foster home. Give specific attention to:

A. Viewing tenants as individuals vs. a group with a need for common structure.

B. The constraints of group living which require that like individual compromises be made by all members, including resident managers.

6. Describe the major premise of the Developmental Model as discussed by Roos, McCann and Patterson.

7. Discuss the role of the group home or foster home in the provision of programming for the client.

8. Discuss strategies for dealing with the following two common resident manager conflicts in approach.

A. Educating the neighborhood on the benefits and facts of community placement vs. ignoring resistance and avoiding the neighborhood entirely.

B. Debating with natural parents the merits of encouraging client independence and certain risk taking vs. letting the program and individual progress speak for itself.

DISCUSSION STIMULANTS

- How have the terms "group home" and "half-way" house affected community receptivity toward individual living in these homes?
- If given the responsibility to select any individual ideally suited for institutional life, what needs would he or she have? Would it be possible to create similarly "ideal" conditions in the larger community? Why or why not?
- At what point do we discourage promotion of "normal" experiences for residents? Who should decide what is healthy? Normal? Harmful?

- If we believe an individual has the right to make personal choices about where he or she is going to live, how might you respond to the 30-year-old man who wants to return to an institution which does not have an appropriate program but was home to the man for half of his life?
- What "rights" or assumed privileges might we see in conflict between residents and resident managers? Who should have the final word on whether or not compromises are fair to all concerned?
- How would you respond to a request by a civic group, that you feel needs to be educated with regard to mental retardation, to tour your group home? At what point would you compromise immediate rights for long term gains?
- How would you react after a school system consented to send a teacher to your group home to work with six severely mentally retarded teenage boys, but remains adament about refusing their admission to a program on the school grounds?
- If you have worked very hard to convince one of your residents that there are many enjoyable leisure time activities awaiting her in the city, what will you do when she experiences a terrifying event and is more afraid than ever?
- What community activities might be considered inappropriate for group home residents? Why?
- What are the most essential features for a good group home? Foster home?

RESOURCES

Presentors with expertise in community placement have been found among the following:

1. Experienced Resident Managers
2. Association for Retarded Citizens staff and membership
3. Private residential living corporations
4. Community Mental Health Center staff
5. Department of Mental Health central and regional offices
6. Local United Fund agencies
7. University affiliated facilities
8. University and community college education departments
9. State institutions for mentally retarded citizens.

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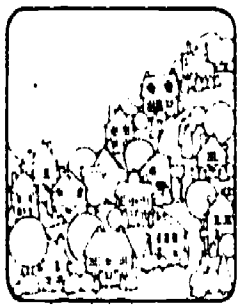

relationships with natural families

One of the important parts of a resident manager's job is working with and understanding the natural families of residents. Likewise it is safe to say that parents and relatives with loved ones living in group and foster homes view the relationship as important. The promotion of understanding between resident managers and natural families, however, can be easily forgotten in the excitement of concentrating on the resident.

The intent of this particular unit is to draw attention to the significance of the relationship between natural families and resident managers. The development of a sharpened sensitivity for natural parents' feelings receives special attention.

LEARNING OBJECTIVES

1. Describe the procedure which must be followed before family members can:

A. Visit their child/adult in the home.

B. Take their child/adult for an overnight visit.

C. Take their child/adult on an extended vacation.

2. Describe the procedure which must be followed for an extended family member not on the approved list of relatives to arrange a visit or trip.

3. Identify and discuss five (5) reasons why a natural family member might feel jealous towards resident managers.

4. Identify and discuss five (5) positive daily events in the life of a resident which resident managers participate in and natural parents or relatives would be a part of if the child or adult were living at home.

5. Identify and discuss several ways you might reinforce the interest natural family members give their relative in community placement.

6. Identify and discuss five (5) reasons why a resident manager might feel jealous towards someone in the natural family of one of the residents in their home.

7. Give several "understandable" reasons which could account for natural family members showing little interest in their son or daughter, who is living in a community placement.

8. Describe an appropriate approach which you can take to improve the relationship between natural families and yourself.

9. Identify several things the agency social worker can do to improve the relationship between resident managers and natural families in general.

10. Identify specific assurances that a resident manager should give to natural parents that will serve to ease their minds about:

A. Meals: quality and quantity

B. Household and neighborhood dangers

C. Freedom and opportunity to express individuality

D. Security of personal property

E. Punishment and discipline

F. Residents forgetting who their natural parents are.

DISCUSSION STIMULANTS

- How would you handle a situation with a natural family where the resident comes back from a visit and says that he has not eaten for the entire day?
- How do you determine if a natural family "really cares" about the resident? Does this affect your relationship with the resident?
- How often do you go out of your way to compliment someone in the natural family of one of your

residents about the interest they show him or her? How do you do this?

- How would you react to a natural parent who treats their 25-year-old son as if he were 12? Would you act to avoid hurting the relationship between yourself and parent?

- What good do you think would come from an annual dinner picnic for resident managers and natural family members? What might help this relationship?

- When a social worker and/or resident manager criticizes natural parents in the presence of the related resident, what do you think the results are? How should this discussion be conducted?

- Is it better to have the social worker intervene with the natural family when there is a difficulty or should the resident managers make direct contact? What is the rule in your home?

- Do residents in your home have the opportunity to call their parents and relatives whenever they please or do you have control over this? How might your control of this communication contribute to some bitterness on the part of natural families?

- Let's assume that your son or daughter had to move from your home and live in someone else's home. The move was not something either you or your child wanted, but it "had to be." Regardless of the reason for this move, the decision was made and is no longer subject to your changing it. Taking five minutes, list in single descriptive words or short sentences the emotional reactions you as a good parent might experience as a result of this event. How many of these are painful to endure? How many enjoyable? How does this apply to the natural parents of your residents?

- In what ways can we become more sensitive to natural families?

RESOURCES

Presentors with expertise in this area have been found among:

1. Experienced resident managers
2. Association for Retarded Citizens memberships
3. Adoption agency staffs
4. Planned parenthood groups
5. Social workers who have dealt extensively with natural families.

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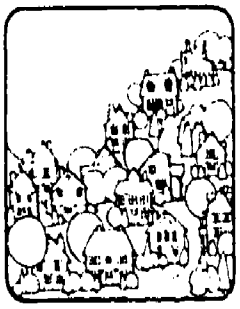

thoughts on sexuality

Over recent years the subject of sexuality has perhaps become more popular than any other in the field of mental retardation. Of course, with the liberalization of thinking comes the search for new answers, new questions and new attitudes.

Fortunately for resident managers a number of outstanding works have been produced which outline sexuality education programs for mentally retarded individuals. Fine guides for curriculum preparation have been shared by Kempton, Fanning, Fischer, and others. These efforts provide resources for in-depth sexuality program planning.

The intent of this particular unit is to stimulate thinking on the topic which will help resident managers develop a healthy attitude toward the sexuality of their clients. Basic attitudes surrounding a common reluctance to address the subject are discussed. The logic for aiding mentally retarded persons to become more knowledgeable about themselves as sexual beings is also mentioned.

LEARNING OBJECTIVES

1. Discuss the importance of resident managers forthrightly addressing sex education for mentally retarded persons. Why is this topic so often avoided?

2. Discuss the rationale for the mentally retarded person's need to understand himself or herself as a sexual being. How might such an understanding influence his or her self image?

3. One popular perception of mentally retarded persons is to view them as children. Discuss how this perception has served to perpetuate the belief that "what the retarded don't know about sex, won't hurt them."

4. Discuss the meaning of the following two statements:

A. "Sex education cannot be premature. It will only bore the child if it is too complicated or advanced for his understanding." Winifred Kempton

B. "Withholding knowledge of sexuality from the child does not deter him from participating in sex." J. W. Fanning.

5. Identify several possible interpretations a resident in your home might make from a rule that "we don't talk about sex inside the house."

6. Identify and discuss five (5) specific ways that a mentally retarded person moving into the larger community might benefit from a sexuality program. Identify five (5) dangers that might result in the individual being completely naive in the area of sexuality.

7. In a book on *Human Sexuality Training for the Mentally Retarded*, John Fanning has included the following topics:

A. Preparing for puberty

B. Love

C. Dating

D. Affection and sexual encounters

E. Anatomy, conception, birth control, and masturbation

F. Feelings and emotions

G. Pornography

H. Premarital sexual relations

I. Venereal Disease

J. Homosexuality

K. Sterilization

Identify topics which would be most important to include in a sexuality program for residents within your home. Briefly discuss which would be least appropriate and why.

8. Identify local agencies and/or individuals who will assist in designing a program addressing sexuality for the residents in your home. Specify when the program should begin.

DISCUSSION STIMULANTS

- In a situation where the residents in your house "don't care to know anything about sex," what should be your responsibility? Do you feel obliged to teach when people show no interest in learning?

- How would you respond to a young man who in all other respects is perfectly adjusted except that he tells you that he makes several trips a day, to the bathroom to masturbate?

- Should we encourage a promiscuous young woman to be sterilized? A young man? Use more conventional contraceptive devices? Mind our own business?

- How would you respond to a situation where a young man, continuously calls on one of the women in the house, and it is clear that he is only interested in taking her on short dates and having sexual relations with her. Under what circumstances would you intervene?

- In order to discourage residents from having to sneak off to have sexual relations, some suggest that the group home or foster home should provide for, or at least not prohibit encounters. What are some of the implications of this? To what extent would you consider such an arrangement? How would you assure that the rights of others would not be compromised in this bargain?

- How much do mentally retarded persons need to know about sex? Should we make a concerted effort to formally teach or should we just be ready and open to answer questions?

- To what degree should natural parents be involved in a sexuality program for their child living in your home? Their adult living in your home? Should the natural parents have the right to approve or disapprove what will be taught to their child? The adult? How might a disagreement on this client right be handled? What should the role of the social worker be in all this?

- How might you respond when finding out that one of the young men in your house does weekly business with a prostitute? How would you react to his explanation - question, "What other girls will do it with me?"

- Should homosexual behavior be allowed in your house? Should we act to discourage and re-educate the client or update and liberalize our own values?

RESOURCES

Presentors with expertise in the area of sexuality have been found among the following:

1. Experienced resident managers
2. Planned parenthood agencies
3. Family planning clinics
4. Local departments of public health
5. University departments of special education, human development curriculum
6. Free medical clinics
7. University affiliated facilities
8. State institutions for mentally retarded citizens
9. Community mental health agencies
10. Private social service agencies
11. University schools of social work

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